Box 516, Saint Louis, Missouri 63166 (314) 232-0232

04 December 1981

U.S. Environmental Protection Agency Region VII P.O. Box 15606 Kansas City, Missouri 64106

Attention: Mr. James L. Foil, P.E.

Reference: (a) EPA Letter from J. L. Foil to J. C. Patterson dated 26 October 1981

(b) EPA ID No.: MOD 000818963

Enclosure: (1) Revised EPA Forms 8700-12 and 3510-3

REGISTERED MAIL - RETURN RECEIPT

Dear Mr. Foil:

Enclosed you will find our revised forms as requested in Reference (a).

If you have any questions, please contact us.

Sincerely yours,

MCDONNELL AIRCRAFT COMPANY

Jerome Patterson

Section Manager

Plant Environment

Dept. 191C, Bldg. 102

JCP:bem

MCDONNELL DOUGL CORPORATION

RCRA RECORDS CENTER

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

				1 2	13 14 19
IX. DESCRIPTION OF H.	AZARDOUS WAST	ES (continued from f	ront)	en half beginning	
A. HAZARDOUS WASTES F waste from non-specific se	ROM NON—SPECIFIC ources your installation	SOURCES. Enter the fin handles. Use additional	our—digit number from sheets if necessary.	40 CFR Part 261.31 for	each listed hazardous
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F 0 0 1	F 0 0 2	F 0 0 3	F 0 0 5	F 0 0 6	F 0 0 7
7	8	9	10	11	12
F 0 0 8	F 0 0 9	F 0 1 9	23 - 26	23 - 26	23 - 26
B. HAZARDOUS WASTES F specific industrial sources y	ROM SPECIFIC SOUP your installation handle	RCES. Enter the four—dies. Use additional sheets	git number from 40 CF if necessary.	R Part 261.32 for each i	isted hazardous waste from
13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21			
			23 - 26	23 - 26	23 - 26
23 - 26	26	27	28	29	30
73 - 26	23 26	23 - 26	23 - 25	23 - 26	23 - 26
C COMMEDCIAL CHEMIC	AL PRODUCT HAZAF	DOUS WASTES. Enter	the four-digit number	from 40 CFR Part 261.3	33 for each chemical sub-
stance your installation ha	indles which may be a	hazardous waste. Use ad	ditional sheets it necessa	ary.	
31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	41	42
37	38	39	40	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
					23 - 26
23 • 26	23 - 26	45	46	47	48
43		HITT			
	23 - 26	23 - 26	23 - 26	23 ~ 26	23 - 26
D. LISTED INFECTIOUS W hospitals, medical and res	ASTES Enter the fou	r-digit number from 40	CFR Part 261.34 for ea	ch listed hazardous wast cessary.	e from hospitals, veterinary
49	50	51	52	53	54
	List I				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
E. CHARACTERISTICS OF hazardous wastes your ins	NON-LISTED HAZA stallation handles. (Sec	ARDOUS WASTES. Mar e 40 CFR Parts 261.21 —	k "X" in the boxes corre 261.24.)	esponding to the charact	eristics of non-listed
1. IGNITAE		☑2. CORROSIVE	X3. REA (D003)	CTIVE	₹24. TOXIC (D000)
X. CERTIFICATION	BANGE STATE	Park the Billion	经现代的 经制度的	"自然这个"在中国的	是,其中的地位的结婚
I certify under penalty attached documents, as I believe that the subm mitting false informatio	nd that based on m uitted information is	y inquiry of those inc s true, accurate, and c	aiviauais immeaiatei; complete. I am awar	y responsible for out	unting the mjormation,
	/ 0		FICIAL TITLE (type or	print)	DATE SIGNED
SIGNATURE	1 19	R. D. Si	ngleton		7 222 1901
I KN D	Vindola	Director	, Plant Engine	ering	7 DEC. 1981

I.D. - FOR OFFICIAL USE ONLY

EPA Form 8700-12 (6-80) REVERSE

McDonnell Aircraft Company

					type in the unshaded a		incl	h).								Form Approved OMB No. 158-S80004
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	1	23			24 - 29											
II.	FIF	RS	T	OR	REVISED APPLI	CATION							T Y			
revi	sed	ар	pli	cat	the appropriate box i ion. If this is your fir- per in Item I above.	in A or B below (ma st application and yo	rk d ou a	one box already	knov	y) to ii w your	ndio r fac	cate v	vhet 's El	her PA	thi	this is the first application you are submitting for your facility or a D. Number, or if this is a revised application, enter your facility's
A.					PLICATION (place STING FACILITY (S C		efin									2.NEW FACILITY (Complete item below.) FOR NEW FACILITIES, PROVIDE THE DATE
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III.	PF	ŧΟ	CI	ES	SES – CODES ANI	D DESIGN CAPA	CIT	TIES	>				IE.	W		
-	ente	eri	ng ·	coc		needed, enter the co	de/	s) in th	e spa	ce pro	vide	ed. If	fap	roc	ess	each process to be used at the facility. Ten lines are provided for ss will be used that is not included in the list of codes below, then III-C).
					DESIGN CAPACITY -		erec	l in col	umn	A ente	er th	ne cap	oaci	ty c	of th	the process.
	2.	U	VIT	0		ach amount entered							le fr	om	the	the list of unit measure codes below that describes the unit of
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_		-		PE		CODE DESIG										PROCESS CODE DESIGN CAPACITY
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oth	er c	an	hc	ld	400 gallons. The facil	lity also has an incin	era	tor tha	t can	burn (up t	0 20	gall	ons	pe	per hour.
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E C			R		B. PROCESS	DESIGN CAPAC	TY			FOR		œ		PR		
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III. PROCESSES (continued)	BIBING OTHER PROCESSES (code "TO4"). FOR EACH PROCESS ENTERED HERE
INCLUDE DESIGN CAPACITY.	

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazerdous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
 In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter
 "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	I			P				C. UNIT		D. PROCESSES							D. PROCESSES		
	W	A	ST	AR El	10	B. ESTIMATED ANNUAL QUANTITY OF WASTE	S	OF MEA- SURE (enter code)			1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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IV. I	A. EPA	ON OF HAZARDOUS WASTE		ont		ied)	>				D. PROCESSES
LINE NO.	HAZARD. WASTENO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	(e	MEA JRE nter (de)				(en	SS CODES ter)	5	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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5	D 0 0 7			2.0							Included with Line 1
6	F 0 0 1					<u>'</u>		· ·	, ,		Included with Line 1
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8	F 0 0 3										Included with Line 1
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EPA Form 3510-3 (6-80)

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E. USE THIS SPACE TO LIST ADDITIONAL PROC	LLGS CODES FROM				
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EPA I.D. NO. (enter from page 1)					
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V. FACILITY DRAWING	nors Farra I	of the facility	otions for	ail)	
All existing facilities must include in the space provided on VI, PHOTOGRAPHS	page 5 a scale drawing	or the facility (see instruc	cuons for more det	all),	LESS EFFERING
All existing facilities must include photographs (aeri treatment and disposal areas; and sites of future stor	ial or ground—level) rage, treatment or di	that clearly delineate sposal areas (see instru	all existing struc uctions for more	tures; existing sto detail).	orage,
VII. FACILITY GEOGRAPHIC LOCATION					
LATITUDE (degrees, minutes, & seconds		LONG	ITUDE (degrees, mi		
3 8 4 5 3 0 0			0 9 0 2 2	1 0 0	S 200 100 100 100
VIII, FACILITY OWNER A. If the facility owner is also the facility operator as I	listed in Section VIII -	n Form 1 "General Info	rmation" place an	"X" in the box to	the left and
skip to Section IX below.				3.3 207.10	F/ALE
B. If the facility owner is not the facility operator as I			ronowing items:	0.00	man and a govern
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3. STREET OR P.O. BOX	С	4. CITY OR TOWN	5, S	T 6. ZII	PCODE
8 16	G 45 15 16		40 41	42 47 -	- 51
IX. OWNER CERTIFICATION		DESTRUCTION OF THE PARTY.			Mache I
I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and comple including the possibility of fine and imprisonment.	individuals immediat	tely responsible for ob	taining the infor	mation, I believe	that the
A. NAME (print or type)	BSISNATURE	200/		DATE SIGNED	C.
Donald Malvern	Monda	Theren	~	1 Pec 1	981
X, OPERATOR CERTIFICATION				1982 3	
I certify under penalty of law that I have personally documents, and that based on my inquiry of those i submitted information is true, accurate, and comple including the possibility of fine and imprisonment.	individuals immediat	tely responsible for ob	otaining the infor	mation, I believe	that the
A. NAME (print or type) Robert D. Singleton	B. SIGNATURE	Deng	leter "	7 DEC.	1981
EPA Form 3510-3 (6-80)	DACE	OFF		CONT	INUE ON PAGE

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IV. DESCRIPTION OF HAZARDOUS WAST

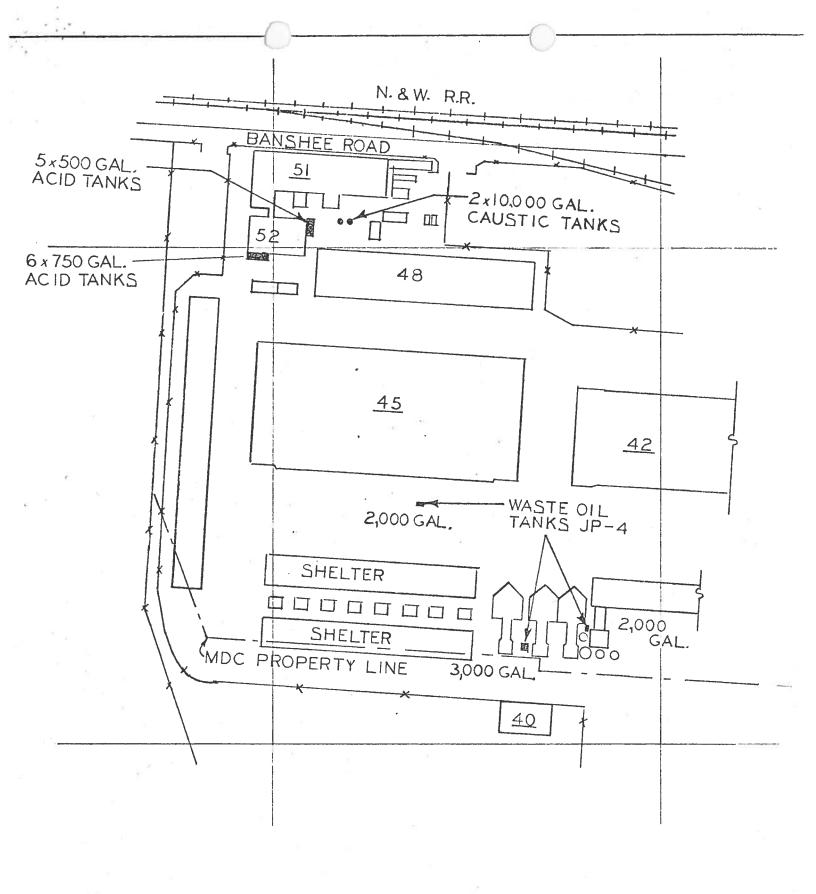
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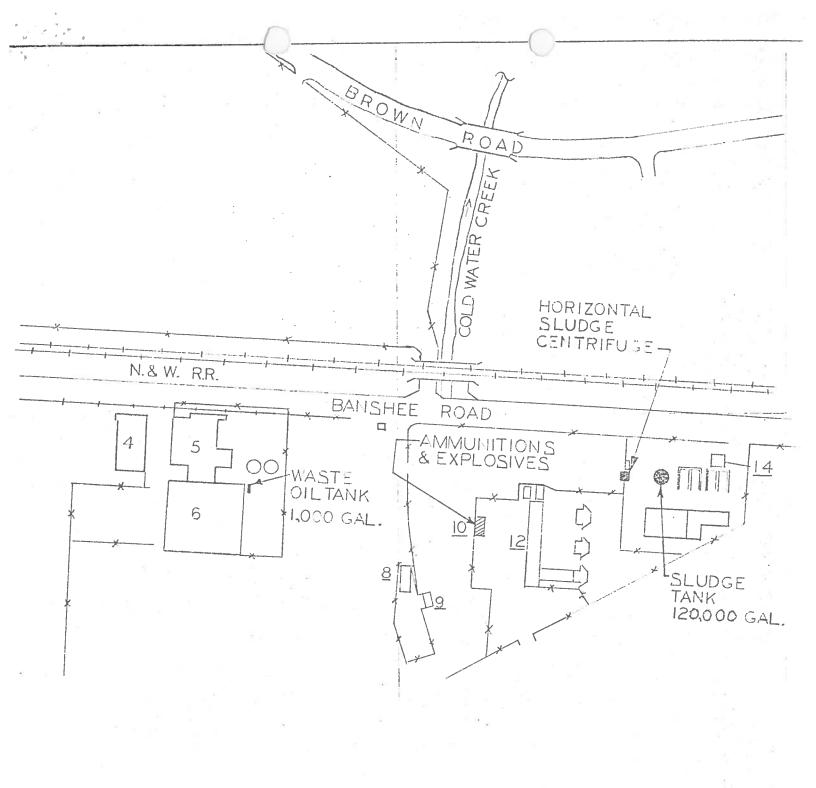
V. FACILITY DRAWING (see page 4)

See attached Drawings

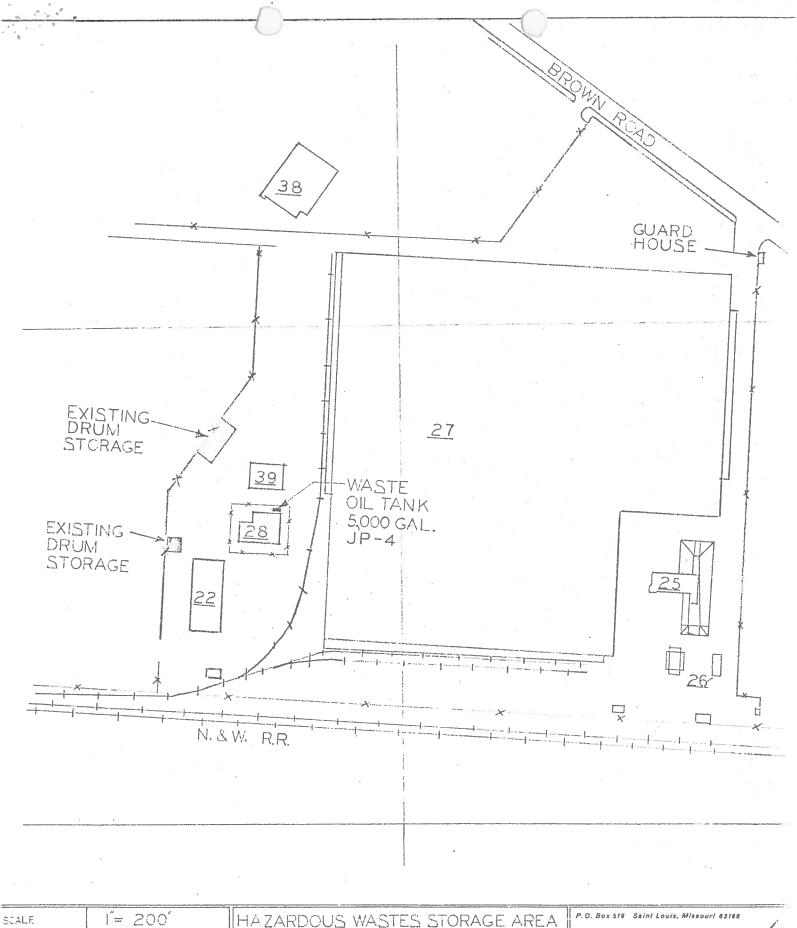
SKPE 1280 Sheets 2, 3, 4



SCALE	l″= 200′	HAZARDOUS WASTES STORAGE AREA	P.O. Box 516 Saint Louis, Missouri 63166
DRAWN	D.L.H. 11/14/8	MDC BLDG. 45	MCDONNELL DOUGLAS
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APPROVED -	811/12/10 1147	APPROVED FOR CONSTRUCTION	PLANT ENGINEERING
.O.R.	F. Of	BY	CKDE 1200 SHI



SCALE	l'= 200'	HAZARDOUS WASTES STORAGE AREA	P.O. Box 516 Saint Louis, Missouri 63188
CRAWN	D.L.H. 11/14/8	IAD.C. BLDG. 6	MCDONNELL DOUGLAS
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F. O.R.	F. O.	BY	CIADE 1200 ISH



SCALE	l'= 200'		HAZARDOUS WASTES STORAGE AREA	P.O. Box 516 Saint Louis, Missouri 63166
DRAWN	D. L. H.	1//14/30	MD.C. BLDG. 27	MICDONNELL DOUGLAS
APPROVED	Worlds	1440482	SITE PLAN	CORPORATIO
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5.0.R.	F.O.	•	BY	CKDE 1200 SH